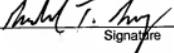


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 02558B-063710US																								
FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																										
Application Number	10/828,846 Filed April 20, 2004																									
For PATTERN RECOGNITION METHOD FOR DIAGNOSIS OF SYSTEMIC AUTOIMMUNE DISEASES																										
Art Unit 1631	Examiner Pablo S. Whaley																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="text-align: right; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ <u>120</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: right;">\$ <u></u></td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ <u></u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u></u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ <u></u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ <u></u>
	<u>Fee</u>	<u>Small Entity Fee</u>																								
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>																							
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ <u></u>																							
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u></u>																							
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ <u></u>																							
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ <u></u>																							
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p>																										
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																										
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,797</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u></u>																									
 Signature		February 11, 2008																								
<u>Gerald T. Gray, Reg. No. 41,797</u> Typed or printed name		(925) 472-5000 Telephone Number																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																										